	Case 4:07-cv-06260-CW	Document 2	Filed 12/11/2007	Page 1 of 42 - 7 - 07
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8	H 0.	NITED STATES THERN DISTRI	DISTRICT COURT	
9 10	KENZN HENRY			
10	REVIN FIENKY	Plaintiff.	VU7	6260
12	vs.	riamum,	CASE NO PRISONER'S	CW
13	SAN FRANCISCO	POLICE DEP.		TO PROCEED (PR
14	CITY OF SAIL FARIN	Defendants )		
15	- TO OTO TRIPE	<u> 25CO ET W</u>		
16	I, KEVIN HEN	, acoun	e, under penalty of per	ľ
17	plaintiff in the above entitled			
18	is true and correct. I offer this			
19 20	required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am			
21	entitled to relief.	costs of this action	on or give security, and	that I believe that I am
22	In support of this appli	cation. I provide t	he following informati	
23	1. Are you presently emp			on.
24	If your answer is "yes," state be			er month, and give the
25	name and address of your emp		Programmy of mages programme	inonia, and give me
26	Gross:	Net:		
27	Employer:			
28				·
				-

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).				
For minor children, list only their initials and ages. DO NOT INCLUDE				
5. Do you own or are you buying a home? Yes No				
Estimated Market Value: \$ Amount of Mortgage: \$				
6. Do you own an automobile? Yes No				
Make Year Model				
Is it financed? Yes No If so, Total due: \$				
Monthly Payment: \$				
7. Do you have a bank account? Yes No (Do not include account numbers.)				
Name(s) and address(es) of bank:				
Present balance(s): \$				
Do you own any cash? Yes No Amount: \$				
Do you have any other assets? (If "yes," provide a description of each asset and its estimated				
market value.) Yes No				
8. What are your monthly expenses? Minor				
Rent: \$ Utilities:				
Food: \$ Clothing:				
Food: \$ Clothing: Charge Accounts:				
Charge Accounts:  Name of Account  Monthly Payment  Total Owed on This Acct.  \$\$				
Charge Accounts:  Name of Account  Monthly Payment  Total Owed on This Acct.				

1	you have any other debts? (List current obligations, indicating amounts and to whom they ar				
2	payable. Do not include account numbers.)				
3					
4	,				
5	10. Does the complaint which you are seeking to file raise claims that have been presented				
6	in other lawsuits? Yes No				
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in				
8	which they were filed.				
9					
10					
11	I consent to prison officials withdrawing from my trust account and paying to the cour				
12	the initial partial filing fee and all installment payments required by the court.				
13	I declare under the penalty of perjury that the foregoing is true and correct and				
14	understand that a false statement herein may result in the dismissal of my claims.				
15 16.	12-7-07 Kevin Henry DATE SIGNATURE OF APPLICANT				
17	DATE SIGNATURE OF APPLICANT				
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